

## Prostate cancer overview

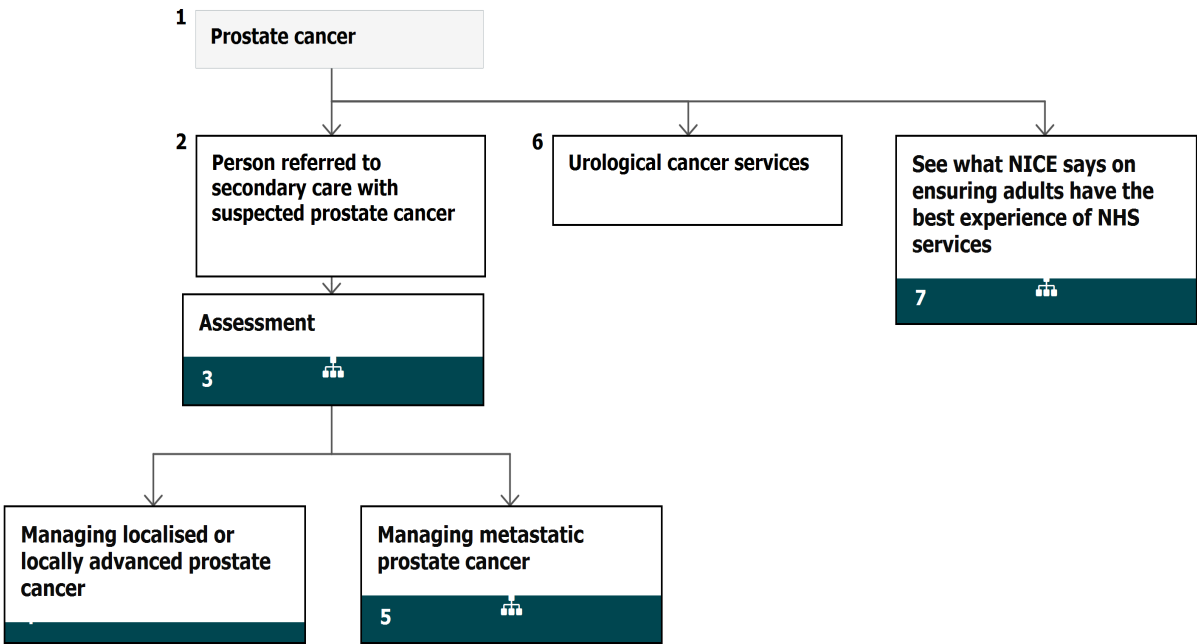
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/prostate-cancer>

NICE Pathway last updated: 14 May 2019

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



**1 Prostate cancer**

No additional information

**2 Person referred to secondary care with suspected prostate cancer**

See what NICE says on recognition and referral from primary to secondary care for suspected [urological cancers](#).

**3 Assessment**

[See Prostate cancer / Assessing suspected prostate cancer](#)

**4 Managing localised or locally advanced prostate cancer**

[See Prostate cancer / Managing localised or locally advanced prostate cancer](#)

**5 Managing metastatic prostate cancer**

[See Prostate cancer / Managing metastatic prostate cancer](#)

**6 Urological cancer services**

NICE has published cancer service guidance on:

- [improving outcomes in urological cancers](#) and
- [improving supportive and palliative care for adults with cancer](#).

**Commissioning robotic surgery services**

Commissioners of urology services should consider providing robotic surgery to treat localised prostate cancer.

Commissioners should base robotic systems for the surgical treatment of localised prostate cancer in centres that are expected to perform at least 150 robot-assisted laparoscopic radical

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prostatectomies per year to ensure they are cost effective.

## **7 See what NICE says on ensuring adults have the best experience of NHS services**

[See Patient experience in adult NHS services](#)

Surgery to remove part, or all of the prostate gland. Radical prostatectomy aims at the removal of the entire prostate gland and lymph nodes. This can be performed by an open approach or by keyhole technique (laparoscopic or robotically assisted laparoscopic prostatectomy).

This is part of a strategy for 'controlling' rather than 'curing' prostate cancer and is aimed at people with localised prostate cancer who do not ever wish to have curative treatment, or it is not suitable for them. Instead, it involves the deferred use of hormone therapy. Watchful waiting avoids the use of surgery or radiation, but implies that curative treatment will not be attempted.

This is part of a 'curative' strategy and is aimed at people with localised prostate cancer for whom radical treatments are suitable, keeping them within a 'window of curability' whereby only those whose tumours are showing signs of progressing, or those with a preference for intervention are considered for radical treatment. Active surveillance may thus avoid or delay the need for radiotherapy or surgery.

## **Glossary**

### **ASAP**

atypical small acinar proliferation

### **Clinically significant cancer**

(this includes any prostate cancer of Gleason score 7 and above)

### **DRE**

digital rectal examination

### **ECOG**

Eastern Cooperative Oncology Group

### **External beam radiotherapy**

(this is radiotherapy given by using ionising radiation [for example, high energy X-rays] produced in a machine and directed at the tumour from outside the patient)

**HGPIN**

high-grade prostatic intra-epithelial neoplasia

**Hormone-relapsed**

(refers to prostate cancer after failure of primary androgen deprivation therapy)

**IMRT**

intensity modulated radiation therapy

**Localised prostate cancer**

(cancer that has been staged as T1 or T2 [confined to the prostate gland])

**Locally advanced prostate cancer**

(this includes: high-risk localised prostate cancer [PSA over 20 ng/ml, or Gleason score 8 to 10, or clinical stage T2c or more]; T3b and T4, N0 prostate cancer; and any T, N1 prostate cancer)

**MDT**

multidisciplinary team

**MDTs**

multidisciplinary teams

**Multiparametric MRI**

(an MRI study that incorporates anatomical and functional information about the prostate; the minimum functional information includes T2-weighted, diffusion-weighted imaging and dynamic contrast enhanced imaging)

**PDE5**

phosphodiesterase type 5

## PSA

prostate-specific antigen

## TRUS

(transrectal ultrasound guided biopsy; this is where core biopsies of the prostate are taken via the rectum under local anaesthetic)

## Sources

Prostate cancer: diagnosis and management (2019) NICE guideline NG131

Improving supportive and palliative care for adults with cancer (2004) NICE guideline CSG4

Improving outcomes in urological cancers (2002) NICE guideline CSG2

## Your responsibility

### Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

## Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

## Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in



their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.